contemporary United States. In the meantime, these three novels mark unusually mainstream additions to a continually growing literature on AIDS and its continuing relevance in American life.

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Katie Batza, *Before AIDS: Gay Health Politics in the 1970s* (Philadelphia: University of Pennsylvania Press, 2018)

The title of Katie Batza's first book is sly and sexy. It entices not only by the allure of its words but by signaling the coming wave of critical scholarship on HIV/AIDS. *Before AIDS* builds on the accounts of journalists and movement participants as it wisely moves beyond the hagiographic narration of the AIDS crisis as a morality tale of "good" activists against an "evil" government. This first generation of histories is best exemplified by the most authoritative history of the AIDS crisis: Randy Shilts' *And the Band Played On* (1987). But even David France's lyrical and ruminative *How to Survive a Plague* (2016), published some thirty years later, perpetuates this dualistic framing of innocent victims in the face of an indifferent, even murderous, "straight state*." Before AIDS*, in contrast, follows the lead of Jennifer Brier, whose *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (2009) inaugurated in AIDS scholarship an embrace of dispassionate analysis rather the righteous anger.

Drawing on interviews and archival documents in three deeply-researched case studies in Chicago, Los Angeles, and Boston, Batza explains how and why clinics sprouted up across the country in the 1970s to address the sexual and health needs of gays and other marginalized populations. When *Before AIDS* shines brightly—which it does frequently over its concise 135 pages—it sheds light on a broader AIDS chronology that moves us back at least a decade. At its best, the book reveals how AIDS recast the relationship among sexuality, subjectivity, health, science, and medicine in the last third of the 20th-century.

Batza makes two main interventions in AIDS scholarship and LGBT history that enrich our understanding of both gay liberation and the so-called "straight state." First, she "decenters" gay liberation in the emergence of gay health clinics. Yoking the centers to a "romanticized" version of gay liberation, Batza contends, "oversimplifies their origins and misrepresents gay liberation" (39). Batza presents the history of gay liberation as variegated and shifting, mutable and messy. It was not always central to gay health politics in the 1970s. In one colorful metaphor about the Fenway Community Health Clinic in Boston, Batza writes that liberation was little more than a "faint background hum to the neighborhood's chants against gentrification and for access to affordable quality health care" (21).

Batza chronicles how gay men turned from pariahs in the world of medicine in the early 1970s to active movers and shakers within it by the end of the decade. Until 1973, the American Psychiatric Association (APA) listed homosexuality as a mental illness; by 1975 health professionals cajoled the American Public Health Association to pass a gay rights resolution to draw attention to the specific health needs of the community. Across an array of medical groups, including the APA, similar gay caucuses were formed.

Problems hardly stopped there. Most doctors did not know how to treat gay men and lesbians.

Patients would ask for an oral or anal test for STIs at public clinics and the official "would literally drop their instruments and run out of the room," Dr. David Ostrow from Chicago recalled (62). Many gay men did not have health insurance. And even those who did might pay out of pocket instead of using it, for they feared their employer might find out and fire them.
In response to this shocking lack of knowledge about and services for gay health, Ostrow and others formed Chicago's Howard Brown Medical Clinic in 1974. Clinics normalized gay sex. They educated officials by making "fact sheets" about gay health; the sheets openly deployed the language of gay sex, referencing once-taboo topics like "rimming" and "blow jobs." (119). Howard Brown also became a "national clearinghouse" for cutting-edge research on gay medicine; it partnered with the Centers for Disease Control and pharmaceutical companies to develop a hepatitis B vaccine, a disease then spreading rapidly in gay populations (100). Later AIDS drug experiments and trials benefited from these collaborations. In recovering this history, Batza complicates the one-note portrayal of an "evil" government during the AIDS crisis.

Because gay liberation was sex liberation, the provision by these new health clinics of free STI testing was groundbreaking. Clinics concocted novel solutions by allying with gay businesses. In Chicago, bars and bathhouses financed a Winnebago van that parked outside establishments and offered free STI testing. To raise awareness about sexual health, drag queen Wanda Lust donned the persona "Nurse Lust" and became the program's "poster person" (55). Lust would "walk up to people coming out of the bar and say, 'Come on sweetheart, get tested or I won't let you screw me tonight'" (55).

Batza's second key insight: this emerging culture of gay sexual health was not the product of a "straight state" but an "antiqueer" one. In contrast to the 1980s, she discovers, health clinics increasingly turned to the state for funding as the 1970s unfolded. By 1978, LA's gay clinic had received three-quarters of a million dollars of block grants from the government.
This turn had profound consequences. Early in their lifespan, health clinics skirted tax payments and ignored the need for licenses or malpractice insurance. State funds forced clinics to regulate, professionalize, and bureaucratize. The "antiqueer state," then, in the eyes of Batza, was one that "encouraged assimilation" between clinic and state while "quashing" any structural critique of capitalism (67). Of course, this is a genuine surprise given the standard account of neglect during the 1980s AIDS epidemic found in the work of Randy Shilts or Larry Kramer. In the fighting words of ACT-UP, the Reagan administration's abandonment was an act of "genocide." In contrast, health clinics' desperate need for resources marked a period of "enmeshment" between gays and the state (131).

Before AIDS explains how the union of the state and the clinic weakened the forces of radicalism and strengthened those of accommodation. Radicals grew disenchanted, complaining in one memorable line of the "male-identified bourgeois capitalist sexist lackey pigs" who had taken over their experiments in sexual democracy (83). Batza notes that clinics failed to adequately respond to the needs of lesbians and racial minorities. The location of Howard Brown, on Chicago's far richer and whiter North Side, rendered it far less accessible to African-Americans and Latinos who predominately resided on the city's West and South sides. In short, the politics of gay sexual health mirrored

gay politics writ large as the 1970s witnessed the "political conflation of gay identity as a white identity." (93).

Before AIDS is all the more fascinating for how it allows us to better grasp the "magnitude, mysteriousness, and morbidity" of AIDS and society's response to it (122). Gay health clinics pioneered ethical principles that indelibly shaped the AIDS crisis, including the beliefs that individual privacy was paramount and that individual responsibility mattered less important than state neglect. Many public health workers argued that testing required anonymity for sexual minorities who lacked basic protections. Epidemiologists countered that more robust public health interventions, such as contact tracing, could halt the spread of the virus.

Batza's imaginative reframing of the age of AIDS suffers from two blind spots. First, it too breezily passes over how the commodification of gay sex in bathhouses and bars and sex shops and theatres over the 1970s exacerbated problems of gay health. Second, as most clearly shown in Gabriel Rotello's superb *Sexual Ecology* (1998), gay liberation meant the nature of sex changed in the 1970s from one dominated by oral to an embrace of unprotected anal sex—a practice that far more readily fostered the spread of STIs than oral sex. After all, as Batza points out, rising concern culminated in the first national conference on gay-related STIs in Chicago in 1979.

Make no mistake: *Before AIDS* is a marvelous history. Batza is a lucid and spirited writer. The chapters are economically organized; she marshals the most compelling evidence; and she never overreaches in the analytical import of her study. This is first-rate history and it should be widely read.

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Johanna Schoen, *Abortion after Roe* (Chapel Hill: University of North Carolina Press, 2015)

In this thoroughly researched and deeply important study, Johanna Schoen charts a complex and nuanced history of abortion access in the United States in the decades since the 1973 Supreme Court decision in *Roe v. Wade* legalized abortion. Ultimately, she finds a mixed legacy: while legalization made abortion accessible to most women, the rise of antiabortion activism and legislators resulted in abortion becoming "highly politicized and stigmatized" and more restricted over time (19). Schoen is an expert in medical history as well as the history of women and sexuality whose research for her book *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina, 2005) ultimately led the governor of North Carolina to apologize for the state's forced sterilization of more than 7,000 people between the 1920s and 1970s. She makes many contributions to the history of women's reproductive healthcare in this new book, but of particular significance is her original analysis in tracing physicians' development of pregnancy termination procedures that resulted in better health outcomes for women. Schoen shows how the antiabortion movement reversed this progress by succeeded in influencing which surgical procedures could be legally performed in the U.S.; achieving in the 2007 *Gonzales v. Carhart* Supreme Court decision a ban on intact dilation and evacuation (D & E), termed "partial